THERAPEUTIC MULTI-FACETED RELATIONSHIPS IN RURAL ALASKA

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Abstract

In rural Alaska, avoidance of dual relationships is impossible and may be culturally inappropriate; Alaska Native counselors live and work in communities where they are reared, educated, married, had children, and built their homes. These counselors have layers of relationships with relatives, friends and coworkers outside of the therapeutic alliance. In this study I interviewed six Alaska Native rural counselors and three clinical supervisors regarding the nature of their multi-faceted relationships, stressors of these on the counselor and ways of managing these stressors. Counselors stated that the multi-faceted relationships are a part of their daily life. They primarily manage these stressors through self-care techniques ranging from establishing clear boundaries to prayer and mediation to debriefing with a supervisor. Most Euro-American mental health professionals will never know the experience of counseling only their family and friends in the hometown where they were born and raised. However, for those counselors who live and practice in rural America this study should offer encouraging strategies for managing multi-faceted relationships.

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Preface

On January 7, 1992 I moved to the Dena'ina Athabascan village of Nondalton, located on the shore of Six Mile Lake, south of Lake Clark, in the Bristol Bay region. Within a month of my arrival I was recruited and hired (because no one else wanted the job) through Bristol Bay Area Health Corporation, as a village-based counselor. There were fourteen rural counselors in the Bristol Bay region at that time and we were all sent to training. The first cohort had over forty Alaska Native counselors at the *first* Rural Human Services (RHS) training session located at Lake Louise, outside of Glenallen. These training sessions lasted three weeks, occurring once per semester for two years.

Following each session I would return to the village and provide counseling services from my office located in the city hall and later at the clinic. In the evenings I would walk down the road to my best friend's steam bath and as I sat among my friends/clients I wondered how could I ever "avoid dual relationships?" Would avoiding dual relationships damage the trust and genuine caring that was found in relating to my women friends in the steam bath? This is where I developed an understanding and a deep passion for the concept of cultural relevance in relation to Western ethics.

In the process of writing this thesis I have experienced an intense spiritual partnership with God; and I am thankful that He is ever faithful. Furthermore, I am thankful for the clear direction and patient guidance of my committee chair Dr. Cécile Lardon, committee members: Dr. William Schneider, Dr. A. Catherine Koverola, Dr. Kelly Hazel, Dr. Jim Allen, and my copy editor, Patrick Curtis. Many individuals along the way provided encouragement and support. Particularly I want to acknowledge my mother Patricia Louise Kirkpatrick Maddox who raised me to be a critical-thinker and cheered me on throughout the development of this study. Most importantly I wish to thank each of the participants who were willing to open up their life experiences for this study. This study is dedicated to my little daughter Zoey Sunshine Carpenter Hensley and my late grandfather Joseph Eldon Kirkpatrick who modeled for me how to love and care for those in our community who suffer from alcoholism. May blessings and joy come to all of you! Chiń an.

Introduction

In counseling, any relationship between a counselor and a client outside of the therapeutic setting is referred to as dual (Herlihy & Corey, 1992; Zur, 2000) or multiple relationships (APA, 2002). This study focuses on non-sexual dual relationships. In rural Alaska, counselors live and work in communities where they are reared, educated, married, had children, and built their homes. It is common for a rural counselor to have counseling relationships with relatives, childhood friends and coworkers. A typical client might be someone who is a first cousin, a coworker, a childhood friend, and whose children come over everyday after school to play with the counselors' children. Neither the counselor nor the client has anonymity as each is a part of the community and will see most community members on a daily basis (Roberts, Battaglia, & Epstein, 1999). Existence of dual relationships can aid in the development of health and healing for rural communities (Zur, 2000) particularly since in rural Alaska dual or multiple relationships are normal for the social and cultural context (Droby, 2000).

While dual relationships have been studied in many rural areas of the United States, the research and literature produced on this topic are scarce in regards to rural Alaska. The following literature review will examine previous research on non-sexual dual relationships in light of models of therapy, ethical issues, cultural relativism, managing dual relationships in the rural United States, and the Alaska Native rural counselor.

Models of Therapy

The Association of Humanistic Psychology Practitioners finds that just in the experience of living we will at times develop a need for psychotherapeutic intervention when physical, intellectual, emotional and spiritual parts of a person are damaged. This could also include interaction with the environment in which we live and with others. Counselors define the therapeutic relationship with clients by their view of what induces the healing process. For example, the humanistic counselor would view the client as

being fundamentally capable of self-actualizing and self-regulating and that the client's life is a creative process ideally.

The alliance created between a counselor and a client is an intimate and trusting relationship (Bruch, 1974). The client must have a safe place to begin to address life issues, process emotions that arise and begin to heal. There are many ways that counselors can foster this relationship, but it is generally believed that this therapeutic relationship must be the primary connection between counselor and client and entirely for the benefit of the client. The exemplary counselor must show respect, warmth and caring throughout the counseling process, as it is the responsibility of the counselor to make the alliance safe (Rogers, 1965).

Skidmore (1995) states that Milton Erickson thought it important for a therapist to be personally involved with his clients, as he did not think the therapist should be a blank screen or neutral observer. He found that his personal involvement often encouraged the change he was seeking for the client. The most practiced and empirically based approaches, such as behavioral, humanistic, cognitive, family systems, group and existential therapy, at times see dual relationships as an important part of the treatment plan (Zur, 2000). There are, however, contradictory ethical views regarding the existence of dual relationships.

Ethical Guidelines in Therapeutic Relationships

The term ethics can be defined as moral perspectives concerned with what is right and wrong. Codes of ethics are written by professionals to guide behavior and interactions in order to protect the public and the profession (Meara, Schmid, & Day, 1996). While most ethical guidelines do not mandate a blanket avoidance of dual relationships; all guidelines prohibit harm and exploitation of clients (Zur, 2000). The American Psychological Association (2002) for example, states that multiple relationships are not harmful if they do not cause impairment and exploitation. Protection of the client and the therapeutic alliance are imperative to healing. If a client is isolated in the therapeutic setting a counselor has greater power and more opportunity to

exploit; however, exploitation may be less likely to happen within a dual or multiple relationship where a counselor is held accountable in a community setting (Zur, 2000a).

Protecting a client's confidentiality rights is one way the counselor must protect both the client and the alliance when there is a multiple relationship. Any information from the client is considered confidential and, as such, should be kept private; however, when anyone lives and works in a rural area the enmeshment of information about people and situations becomes quite complex. Due to the nature of rural areas it can be difficult for community members or counselors to remember the origins of a client's personal information (Battaglia, 1998). There is also the ethical concern that counselors in rural areas unintentionally leak confidential information (Catalano, 1997). Roberts, Battaglia, and Epstein, (1999) liken rural communities to fishbowls, stating that the comings and going at the mental health clinic are carefully observed.

Ethical codes for professional counseling associations range in direction and/or guidance with some being more specific than others. For example the Association of Humanistic Psychology Practitioners,' code of conduct, section 2.2, states that the counselor is responsible for protecting the client through continuously monitoring what is in that client's best interest. Another example is the American Psychological Association (2002) that states in section, 3.05 Multiple Relationships, counselors must be sensitive to the effects of multiple relationships and whether those effects are harmful, however, multiple relationships are not unethical.

While the above codes are general guidelines for working with clients, the National Association of Alcohol and Drug Abuse Counselors (NAADAC) code of ethics is more specific. NAADAC is the only professional membership organization that serves counselors who specialize in substance abuse treatment. NAADAC (2003) code of conduct states that counselors will not engage in relationships outside of counseling where a clients' welfare might be put at risk by such a dual relationship. Many of the counselors interviewed in this study are required to follow these ethics due to the certification they receive from this association.

Cultural Relativism

It appears that in rural areas of the United States all counselors participate in dual relationships. With smaller populations in a rural area, overlapping relationships between a counselor and client are bound to develop, especially if the counselor has resided in the community for any length of time (Hargrove, 1986). Avoidance of dual relationships in the rural setting is impossible and may be culturally inappropriate (Alberts, 1982; APA, 2002; Zur, 2000a; Rosado, 2000). The NAADAC offers ethical principles in which cultural relevance is not considered and following required codes is not possible for the Alaska Native rural counselor. Cultural relativism as a concept indicates that, ethically, each cultural group should be evaluated on the basis of its own values and norms of behavior and not on the basis of those of another culture (Rosado, 2000). Some codes of ethics are open to cultural relativity and others are not; specifically, for the rural counselor the lack of cultural relativity in the discussion of ethics creates a difficult situation for finding ways to manage the layers of relationships. While, there is controversy over the nature of ethics and whether some ethics are universal. However, rural experiences are in fact quite unique from urban experiences. These differences must be taken into account when determining how an ethical guideline fits within a cultural context.

Although the current ethical guidelines and codes offer a general direction for determining how to contend with dual relationships, there are obvious complexities in rural settings that require more guidance. Counselors need clear strategies for managing the issues that arise from dual relationships (Stockman, 1990). Often, learning to cope with arising conflicts that stem from the dual or multiple relationships creates both a dilemma and a great task to undertake for any rural counselor. Many counselors faced with this situation end up making up their own guidelines for lack of a model to follow.

Managing Dual Relationships

Being part of the community where one works is important for the well-being of the counselor and in developing a sense of connection and commonality among the community members (Catalano, 1997). The fact is, people who live in rural communities are linked through interdependence (Roberts, Battaglia, & Epstein, 1999).

Despite the lack of guidelines from professional associations, several professionals have written about ways to manage dual relationships. One way to deal with this dilemma is to discuss the various relationships that exist with a client. Catalano (1997) suggests that all interactions that transpire outside of the counseling sessions must not be avoided or overlooked in future sessions; they must, instead, be brought out in each session and discussed. For example, if a client and counselor see each other at a restaurant and stop to say hello, then in the next session it is imperative that this brief interaction be discussed. While this can work for the rural counselor, it would be tedious for the Alaska Native counselor to remember and discuss every interaction outside of the therapeutic session as counselors interact with their community members frequently throughout the week between sessions.

A second way for counselors to cope with dual relationships is through regular and ongoing supervision and consultation with peers and professionals (Herlihy & Corey, 1992). Talking with others in similar situations can help to clarify boundaries and develop strategies. Faulkner and Faulkner (1997) suggest that rural counselors can make a specific plan with each new client in how to handle encounters outside of the therapeutic setting; for the Alaska Native counselor, however, this is not always practical. Alaska Native counselors live in isolated, remote communities where all supervision is conducted through telephone contact. Counselors' peers tend to be located in other remote communities and will usually meet once every three months for ongoing training.

Finally, because people in a remote community have limited access to counseling services, Faulkner and Faulkner (1997) suggest that if a counselor has had an emotional, pre-existing relationship with a potential client, a referral should be made to another counselor. For example, a counselor could swap offices once a week with a counselor

from another community; Alaska Native counselors, however, have preexisting relationships with all their community members and a layer of trust has already been established. Faulkner and Faulkner (1997) further suggest that purchasing goods and seeking services outside of one's community can help in limiting dual relationships. However, most villages have one store with limited employees; therefore, most of the layers of relationships would not occur through purchasing goods but in daily interactions throughout the entire community.

Though cultures vary from village to village, typically the people in these communities are interdependent and truly consider one another equals and this perception contributes to the uniqueness of the counseling situations (Alberts, 1982). With these facts in mind, the few strategies previously suggested do not often fit the context of the counseling situations found in rural Alaska.

Counselors in Rural Alaska

Rural Alaskan counselors tend work on healing their communities through the combined efforts of prevention activities/projects and counseling. The primary mental health issues identified by counselors are substance dependence, psychiatric disorders, psychosocial stresses and personal well-being (Roberts, Battaglia, & Epstein, 1999). In order to understand the ways of healing in rural areas of Alaska there must be respect of the culture that the counselor and clients live in day to day.

The majority of rural Alaskan counselors are Alaskan Native people who counsel relatives and friends; they are dedicated to healing their families and community. As such, these counselors typically live in rural communities known as villages (Droby, 2000) with populations ranging from 150-10,000 people, with the majority of the villages having less than, 1000 people. Without a road system, travel by airplanes, snowmobiles and watercraft are the only methods of transportation in and out of most villages.

Rural counselors are employed by Alaska Native, non-profit, health corporations and typically receive on the job training, with the assistance of a long distance clinical supervisor. Most have attended and/or graduated from the Rural Human Services Program through the University of Alaska-Fairbanks. More than 200 rural counselors

have attended and/or completed a certificate in Rural Human Services. Many more are being trained through the Rural Human Services Program located throughout the state in communities such as Anchorage, Kotzebue, Bethel, and Nome. The RHSP certificate requires completion of thirty credits, which include traditional Native counseling practices and Western skills, family systems, case management, addictive processes, grief and healing, cross-cultural communication and personal growth.

Traditional Knowledge and the Western Medical Model

While Western practitioners would consider Alaska Native rural counselors as paraprofessionals due to the level of formal educational they typically receive, there are degreed professionals who live and work in rural areas who have witnessed the work and level of expertise of these village-based counselors and view them as professionals in their own right. The term paraprofessional carries a condescending tone of subservience that often reflects the lack of respect for traditional knowledge (Droby, 2000). Western culture tends to view knowledge sets that are not written or having any empirical basis as being antidotal or substandard. Traditional knowledge however, is a complex knowledge set. Each rural counselor has local knowledge systems that are based on shared experiences, customs, values, lifestyles, social interactions, and spiritual beliefs specific to his or her community and region. This knowledge set becomes more complex over time as it is in a constant state of evolution as new knowledge is obtained or generated (Cochran, n.d.; Duran & Duran, 1995).

The popular Western medical model tends to have a linear perspective with a beginning and an end, which focuses primary on pathology in a particular system of the patient. Typically, the Western medical provider does not know the patient beyond what is recorded in the medical record. In the typical medical model the provider examines and provides treatment for separate systems within the patient. Diagnosis of pathology is a Western concept created to compartmentalize pathology relative to the various systems of a patient. For example a patient who is diagnosed with depression and alcohol dependence might be prescribed anti-depressant medication and referred to a drug and alcohol treatment center. Treatment focuses on the symptoms of the pathology suggesting

the mind is separated from the body and the body is separated from the spirit (Duran & Duran, 1995). Alberts (1982) questions whether the Western medical model responds to the actual needs of Alaska Native people or does it fulfill self-serving expectations, of the Western practioner, based norms of a non-native world.

Traditional knowledge tends to treat holistically through a spatial perspective or continuous process. In other words, a person is not viewed as a patient who is being organized by different systems with various illnesses and pathologies, but that a person is greater than the sum of his or her parts or systems (Duran & Duran, 1995). For example, a traditional healer would prescribe treatment that is culturally relevant to the person who is currently out of harmony or balance. In traditional medicine, knowing the person and the events of his or her life is central to assisting the person in regaining balance with the world around him or her. In this perspective a person is viewed holistically (Cochran, n.d.; Droby, 2000), and as authentic caring and respect is developed a feeling of closeness and friendship allows the healer to understand the person's needs, hopes and dreams, that allows for healing to begin (Alberts, 1982).

Mental Illness and Substance Dependence in Rural Alaska

According to Alberts (1982) mental illness has reached epidemic proportions in Alaska reminiscent of the days of the tuberculosis and influenza epidemics. While Alaska has rates of suicide and mental illness that are higher than the rest of the United States, it is difficult for the Indian Health Service and the State of Alaska to accurately report statistics as the management information systems require that patients enter a threshold in the health care system where they are counted. Traditional knowledge and healing are a continuous process without a beginning or end (Cochran, n.d.). As such, numerous patient encounters in the rural areas go uncounted (Alaskool, 2002).

Causes of alcoholism and mental illness have often been attributed to poverty, academic failure, the introduction of alcohol, unresolved multigenerational grief and difficulties adapting to acculturation. Studies that cite these as the primary factors, however, fail to mention that these problems are a direct result of U.S. government policies toward Native people (Duran & Duran, 1995). Indian Health Service provides

funds for medical care for Alaska Native and American Indian people; however, the Western medical model is the primary influence in determining the type of treatment prescribed to the identified patient. The treatment models are not culturally relevant to the people or community in which it is prescribed. There is, rather, is a blanket prescription for Alaska Native people in determining the type and length of treatment based on empirical data with white males in Western mainstream culture (Duran & Duran, 1995).

While there is a great deal of traditional knowledge available regarding management of dual relationships, there is very little related literature that has been produced. As such, I will tell the story of one rural counselor and the cultural strategy he devised to maintain boundaries. This Alaska Native counselor is related to most community members in his village, and he has been employed as a substance abuse counselor for more than 10 years. He states that he often feels he is on call 24 hours per day, seven days per week for emergency and non-emergency counseling. Like any counselor in any rural community in rural Alaska, he has multiple layers of relationships wherever he goes within his community. Often his clients or family members of the clients will stop him at the store or on the road to request immediate counseling. His solution to this dilemma was culturally appropriate, direct, and yet subtle. When he is available for counseling, to talk in public, on the beach or while hunting, he wears a particular sweatshirt. He described this to each client and news of this soon spread throughout the community that unless it were an emergency, he was not to be bothered unless he is wearing the sweatshirt. This physical sign of the sweatshirt allowed for the counselor to set self-care boundaries without offending anyone, (T. Sutton, personal communication, November 1997). His solution allowed for him to set boundaries in a way that honored the culture and the people in his community.

Rural Alaskan counselors are in unique cultural situations where they utilize unique ways of managing their roles and responsibilities and constantly watch out for the best interest of their community members/clients. They counsel relatives, friends, and people they have known their entire lives. Generally, rural counselors find that in having preexisting relationships with clients, trust and rapport have already been established.

Many believe that growing up with and knowing a client's personal and family history is beneficial (Hensley, 1993; Zur, 2000a). The counselors know their clients prior to during and following the therapeutic alliance in multiple or multi-faceted ways.

Conclusion

Dual or multi-faceted relationships are unavoidable in rural settings. It is the responsibility of the culturally competent counselor to seek out ethical strategies that protect the client and the therapeutic alliance. While rural counselors need to follow ethical guidelines, these must fit the cultural context of the community and the Western and Traditional treatment that the rural professional prescribes. Professional ethical codes guide us through the ever-increasing intricacies of working with human behavior and should not be viewed as a set of imposed directives. As traditional knowledge evolves, rural practitioners will continue to discover culturally appropriate solutions as well. When ethics are managed properly, there is balance not rigidity (Skidmore, 1995; Cochran, n.d.).

Alberts (1982) describes encountering a man, Wassely B. Evan, at the Second Yupik Medicine Workshop who said, "Before you can help someone you first have to become his friend. " Alberts continues,"as the Aleuts put it, 'being next to someone,' is the ingredient which too often is missing in the services the Western world provides for the Native people."(p. 5). It is critical that Westerners begin to understand that Public Law 93-638 allows for Alaska Native people to promote healing through community sovereignty, more widely known as self-determination (Droby, 2000; Duran & Duran, 1995) without unsolicited direction or influence from the larger Western culture (Alberts, 1982).

Through the multi-faceted relationships that exist within the community, a counselor can enhance the rapport and sense of trust with potential clients (Faulkner & Faulkner, 1997; Zur, 2000a). Whether dual or multi-faceted relationships are encountered in Alaska or any of the other forty-nine states counselors must find a balance between professional objectivity and living a fulfilling life within the community. For their own well-being counselors have a need to be a contributing part of the community. It is in

maintaining the harmony and balance of well-being that counselors promote healing for the community as a whole (Catalano, 1997).

The Purpose of This Study

I conducted a study of the dual and multi-faceted experiences and dilemmas faced by rural Alaskan Native counselors with the intention of addressing the following questions:

1. How do the counselors in rural Alaska view the multiple layers of dual relationships that exist between themselves and their clients?
2. How do counselors in rural Alaska manage these relationships in the context of protection and comfort of their clients?
3. In view of these dual relationships counselors have with their clients, what are the positive and negative effects on the counseling alliance and on the other relationships they have with each other?

In this study, I wanted to elucidate the dilemmas and identify and explore the methods of handling therapeutic dual relationships in rural Alaska. Dual relationships exist in every rural community in Alaska where counselor live and practice. More often than not the dual relationship is easily expanded into multi-faceted relationships. Typically, personal and familial relationships exist between counselors and their clients prior to the therapeutic alliance and will continue to exist following the closure of the counseling alliance. This situation reveals many unique, multi-faceted relationships in which the rural counselor must find strategies for management.

Methodology

The research method for this study is qualitative and exploratory, utilizing semi-structured interviews. My study was built on my previous experience in attempting to manage dual relationships that I had with clients while I was a counselor in the Bristol Bay region of Alaska. In my six years as a rural counselor I became fascinated with the issues related to managing the dual relationships I had with my clients. I wanted to design my study in a way that allowed other counselors to offer their strategies to other novice counselors in rural Alaska. Utilizing a qualitative research method allowed the

participants greater freedom to express their unique beliefs and experiences. I wanted the voices of the rural counselors to be heard and honored.

Sample

The participants in this study were six Alaska Native counselors and three clinical supervisors. All of the participants worked and lived in rural villages in Alaska. They had at least four years of counseling experience in which they were employed and paid by a Native health corporation. They were recruited through the Rural Human Services Program (RHSP) at the University of Alaska-Fairbanks. There are several reasons that I chose to interview RHSP counselors and their supervisors. RHSP specifically trains rural counselors in counseling theory and techniques. They understand the dilemmas of the dual relationship issue. Often they are unable to voice their true feelings and opinions about this topic to their health corporation or supervisor. But when they come together at trainings and workshops they talk about this issue openly.

My sample consisted of eight women and one man between the ages of thirty-nine and fifty-six years of age, with the median age being forty-nine years old. Each participant was either Alaska Native or American Indian, with the exception of one Caucasian participant. Of the nine participants, six completed the RHS program. Of these, two had Bachelor degrees and one had a Master's degree. Of the other three participants, one had a Ph.D and another had a Master's degree. Of the nine participants, only one has moved away from her village and out of the counseling field completely since the interviews were conducted in 1998. Six continue to provide counseling services for the communities in which they were born, reared and are raising their own families. Two participants are not related to their community members.

The participants live in communities of 100-1,100 people, with six of the participants living in communities with a population of less than 300 people. These differences may make the similarities found in their experiences with multi-faceted relationships more significant than if they were from similar cultural backgrounds.

The names of the participants and other identifiers have been changed in order to protect their anonymity. Most of the participants know one another because the

counseling field in rural Alaska is small and they come together for the same workshops annually.

Sample Recruitment

All participants were recruited through the Rural Human Services Program at the University of Alaska-Fairbanks. An informal invitation letter was sent to all graduates of this program, informing them of the purpose of this project and asking for their participation (see Appendix A). Interested participants were selected based on their availability and willingness to participate in the study. I compiled a list of interested participants after discussing the criteria with each respondent and selected six counselors as a convenience sample. Of these, three recruited their supervisors for the interview as well.

Originally, I had hoped the counselors could recruit three supervisors and three former clients to be interviewed as well. All clients who were to participate in the study would have had to complete closure for the primary issue that brought them to counseling initially and show indicators for emotional stability, such as no suicide attempts or ideation for a period of no less than two years and be sober for one year. However, the counselors were uncomfortable in recruiting clients for an interview regarding the impact that the multi-faceted relationships have on the therapeutic alliance. All counselors were interested in recruiting their supervisors; however, only three supervisors were willing to participate. All participants were asked to participate in at least one interview.

The Interview

The research tool was a semi-structured interview protocol that was designed to take approximately one hour to complete (see Appendix B). The questions were developed and intended to open informal dialog that assisted the participant in expressing his or her experiences as a professional counselor. I used the same questions for each participant. I interviewed each participant once; each interview lasted approximately ninety minutes.

Initial questions were for the purpose of developing rapport and assisting the participant to feel comfortable with being recorded. The questions were primarily open-

ended in nature and often participants would stray from the original intent of the question. This often led to the interview lasting longer than one hour.

The primary focus of the interview questions examined the counselors' perceptions of their current relationships with clients. I was interested in understanding how these relationships affected each participant and how each deals with the ethics of the situations. Each participant was also asked about strategies for handling these relationships.

I developed the questions to illicit open-ended responses in an informal interview setting. It was important to establish common understanding of the study and develop rapport rather quickly since all interviews would be conducted over the telephone for less than ninety-minutes. I chose six basic questions that built upon one another; for example, I asked questions relating to responsibilities as the village counselor so that each participant could take some time to step back and examine what their roles are as the counselor, prior to identifying dual relationships within their community. The questions were not tested prior to interviews as I felt comfortable in relating my own experiences as a rural counselor and I had previous connections with the majority of the participants prior to the study.

Procedure

Individual interviews with participants were conducted over the telephone or I offered to arrange a face to face interview if they would be traveling to Fairbanks or Anchorage. None of the participants felt that this was necessary. All participants were given my home phone number and directed to call me collect. All nine called me directly when they were ready to be interviewed. I called them back in order to pay for the long distance charges. Prior to each interview, participants were asked to fax back their signed consent forms. After receiving the consent forms I reviewed it with them (see Appendix C) and asked each participant if they had questions about the consent. Then I explained confidentiality and other research participants' rights. I reminded them that I would be audio taping the interview and that it would take no longer than two-hours. I also took notes during each interview.

I explained that participation was voluntary and that a participant could choose to end the interview at any point. Many of the participants stated they wanted to share their stories so that new or novice counselors could learn from their experiences. The participants told me that this is the primary reason they were willing to participate in the study.

Data Management

After completing the interviews, I removed all identifying information from the field notes including the name of the village or region they are from and gave each participant a fictitious name. All interview materials were secured in a locked cabinet at my home. Consent forms were kept in a separate, locked cabinet in my home.

Findings

Data Analysis

All interview tapes were transcribed. Tapes of the interviews have been kept in a safe deposit box located in Anchorage. These tapes will be destroyed upon completion of this study. I coded each transcript by hand following a grounded theory approach (Miles & Huberman, 1994; Strauss & Corbin, 1998). Without a theory in mind, I examined the transcripts numerous times as I built categories, otherwise known as open-coding (Miles & Huberman, 1994). For example, when I noticed a particular topic or description arising in a number of the transcripts such as a description of how they came to the field of counseling, I identified the topic as a category of interest. Once several categories were selected, I began looking for a central or predominant theme that seemed to be emerging. In this study, examples of positive and negative effects of the multi-faceted relationships between the counselor and client became quite apparent. This became a central theme that I was then able to connect with other primary themes. In examining the relationships between the themes and categories that I had coded, I found that prior to, during and following the therapeutic alliance the counselors have many types of relationships with their clients. The counselors manage their contribution to these many types or multi-faceted relationships for the comfort and protection of the client and for their own well-being. As such, these multi-faceted relationships have positive and problematic effects on

all the other relationships that exist outside the counseling relationship and at times with the therapeutic alliance as well.

Initially, I developed a rudimentary code list from the first transcript I worked with. I gave this code list along with two transcripts to an American Indian and Alaska Native therapist respectfully, for confirming the coding scheme for feedback and validation. Both therapists understand the nature of the rural Alaskan counseling field and were interested in coding the transcripts. For example, I had identified "community problems" as a code for a block of data that described how the counselor viewed the alcoholism in her village. Both of the coders used this code but added "alcoholism" and the other coder added "view of." I agreed with these subcodes and added them to the code list. I met separately with each of the coders due to time constraints with their schedules. Both took their tasks seriously and made detailed notes about the codes and why they coded as they did. We all agreed that a few sentences or a paragraph would be an appropriate block of data for coding. We agreed on ninety-percent of the codes and categories.

Suggestions were made that some codes have more subcategories. For example, one of the coders suggested breaking down the type of counseling into subcategories, such as group, individual, alcohol and grief. Since I had followed a semi-structured interview with each participant, many of the major codes were easily identifiable for both of the clinical therapists and myself and there were no real disagreements about the coding. I incorporated the therapists' suggestions into the process of coding all the transcripts.

At the end of this process I had a finalized coding scheme that I applied to all of the transcripts; this gave me a clearer vision of the data and emerging themes. I selected these primary themes for this thesis. For example, all the counselors discussed the relationships they had outside the therapeutic alliance. One counselor talked about a cousin who serves on the local school board with her and assists with fundraisers that became her client. She did not have a word or phrase to describe these relationships and "dual relationship" is an inadequate descriptor. As such, I termed her multiple layers of

relationships with her client as "multi-faceted relationships" and coded it as "MFR" when I found this similar description of relationships in all the transcripts. Each participant stated they knew these layers of relationships existed, which I subcoded as "MFR-exist." They noted how their relationships changed, which I subcoded "MFR-chg." Each counselor described how they managed these relationships and noted that there were positive and problematic effects of having layers of relationships with a client. These I subcoded as MFR-man, MFR-eff(+) and MFR-eff(-).

In addition to observing categories that emerged from the data, I was aware of significant themes addressed by current literature (APA, 2002Catalano, 1997; Stockman, 1990; Zur, 2000a) when examining the interviews. These themes included the idea that being a part of the community where one works is important for the well-being of the counselor and in developing a sense of connection and commonality among the community members. As such, dual or multi-faceted relationships become are not unethical (APA, 2002). The literature articulates a need for examining how counselors in the rural United States manage dual relationships, which often affect the quality of the therapeutic alliance. However, current literature does not suggest how the quality of the therapeutic alliance would affect dual or multi-faceted relationships. Each counselor alluded to the positive effect they experienced with their community members following the closure of the therapeutic alliance. By observing the data with awareness of the current and limited literature, but without a specific theory in mind, I hoped to find explanatory narratives of the connections between the therapeutic alliance and ongoing multi-faceted relationships. This occurred through an open discussion of the beliefs and experiences rural Alaskan counselors had with their clients. By using a qualitative research design, it was possible to study and report descriptive explanations maintaining the linguistic distinction of each counselor.

Overall, I found that all the counselors experienced and maintain layers of relationships outside the therapeutic alliance, termed multi-faceted relationships (MFRs). Each counselor noted that there were positive and problematic effects or stressors in having an MFR with a client and described how they managed these stressors.

I coded all of these effects throughout each transcript as I searched for the connecting themes, which surfaced when I found many similarities between descriptions of the experiences of living with MFRs with all community members on a daily basis. Having MFRs is a common experience--shared among the rural counselors--which provides a central theme or focus for this study. Self-care was a primary uniting theme which, minimized or reduced the effects of the identified stressors and tended to bring about a sense of balance. When counselors made time to care for themselves they were more likely to feel more productive in their work.

In the following section, I will explore the counselors' experiences with multi-faceted relationships, what sort of positive and problematic situations and stressors arose from maintaining these relationships, and subsequently the ways in which they managed these relationships.

Existence and Acceptance of Multi-Faceted Relationships

All nine participants or interviewees described their responsibilities as the village counselor or supervisor. All described individual relationships that were representative of their common relationships with most community members. Lavonne said,

> "there's this gal that I went to high school with and, um, she lives in one of the villages. And had a severe, severe drinking problem and so when I started traveling to the villages I would stay at her house. You know, she's been sober going on 11 years now. And you know, you could almost say we were related. I was real scared when I first started working [counseling] with her."

Grace said that she found that even though she has left her home reservation where she provided counseling she finds MFRs exist for her and her supervisees here in rural Alaska. She says, "You do see it [dual or MFR]. And you know, it's a fact of life in rural America. I don't like it of course, I wish there were more alternatives, but there aren't."

Louise speaks of how she has experienced the multi-faceted relationships with her community. She says,

> "It's very, very tough. Especially in your very own village and you're related to everybody. My first year wasn't as bad, cause I didn't expect things. But over the

> last two years it started getting really tough. And what I mean as really tough is, my first two years I was the only counselor in the village for mental health, the alcohol program, the suicide prevention program and we didn't have any suicide prevention coordinator. And I, I ended up being both and the VPSO too. Yeah! And being the only person in the village in those areas, sometimes my family got involved in extreme situations, my husband anyway."

Although each counselor described how difficult their job could be, each also expressed how they view their bond with each community member. Kim states,

> "When you're counseling someone that you grew up with, I mean related is the same thing as you're growing up with them. You know, knowing them all your life. You know their life history. And pretty much in a village, everybody knows everything about everybody else. There's no secrets."

Betty describes one of her clients,

> "Ok, I have one client who is a cousin, she's also somebody I supervise as being the mayor. And we're, we also serve on the local school board together. So we have that relationship and we're also heavily involved in fundraisers for different sports and sporting activities and softball."

Some counselors described how they had learned their role as the village counselor through their parents. For these counselors the MFRs started when they were young children. Kim describes how she watched her father counsel men in her community,

> "Yeah, I never really thought about it. And, he, you know lots of people his age and then a lot of times, younger men, not real young like teenage men, but younger men would come and talk to him. You know like about problems, or things that they were worried about, or stuff like that. You know, I was never really a part of the conversation. I was just aware that my dad gave advice to people when they asked. And a lot of times young men would come by for advice if they were having trouble or if you know, men his age, like for potlatch planning or um memorial potlatch planning."

Lavonne describes learning traditional healing through her mother.

> "I don't know if it's the part of me that's the counselor or being the daughter of a well respected elder, um, my mother died five years ago and people have kind of just, well, the ones who went to her just kind of turned to me after she died. She pretty much did it all her life. She started out when, I remember as a young, young, kid she was often involved in women's groups. Mostly like through the church and she just always, I know she read a lot of books on how to help others and how to be a good listener and that sort of thing. People who needed help just always seemed to be drawn to them [my parents]."

All of the counselors expressed that MFRs were a part of daily life. They found it challenging to describe the layers of relationships they maintained with their clients. MFRs are complex and rich within the cultural context of village life. This leads us to examine how these counselors view the stressors associated with having MFRs.

Problematic and Positive Effects of Multi-Faceted Relationships

Counselors expressed their own internal conflicts, concern, and sadness over the stressors associated with MFRs, which could be problematic or positive. Often they did not feel rewarded or thanked for the work they did. Other times they felt grief and sadness because a substance abusing or mentally ill community member avoided "the counselor." The examples counselors gave regarding the problems with MFRs focused primarily on how they were treated by the community and on their own internal conflicts with particular clients.

Kim talked about being in social situations where community members' view of her changed and she felt left out. She talked about being at basketball games and community members would avoid her if they had been drinking. She also talks about an elder, her uncle, who wanted help with alcoholism. She says,

> "I was surprised, you know, he came back to my house one day and said that he needs to do something about his drinking. Man, I just had to explain what, what the program, what I offered and referred him [to residential treatment out of the village.] I didn't feel comfortable counseling him. I offered advice and other

> options. Because somebody older that I look up to, you know, I mean counseling every week, I didn't feel right about that."

Kim's experience with receiving requests and for help from elders was not unusual. Neither was her response. Most counselors enjoy talking with and coordinating community events with the elders in their community but tend to feel uncomfortable counseling them.

At times, past alliances with childhood friends could cause internal conflict for the counselor. Grace describes a situation,

> "Probably the hardest boundary kinds of things is actually working with one of my friends kids. You know people I use to party with and then their kids are coming in. That was whoa, that was hard on me. Because you still have this like, uh, silent camaraderie with the mom, yeah, and, but you know, you know that it's the drinking and it just, it made it hard. There's a loyalty, but obviously your first priority is the kid and for the mom too that would be the priority."

She goes on to tell another story of a friend she had know since childhood who died from liver disease. The friend's mother brought in her granddaughter for grief work. Grace tells how the grandmother said to her: "I know you were her mom's friend, uh you did something with your life." Grace said, "Can you imagine what kind of message the kid's getting? You know that's like saying my mom never did anything with her life, sad."

Evon and the other counselors struggle internally with holding in all the stories and heartaches of the village,

> "there are moments when it's sort of miserably lonely and um you know because of worrying about, well, I put it on myself. I have this reputation to maintain and I don't mind it, you know because it's better for the community [to have someone to rely on] but it can get extremely lonely because when something happens [sexual abuse or suicide attempt] you can't talk to anybody. You know, you've got your best friend or whoever, but you can't say anything. You have to wait until supervision [by telephone] once a week and then let it out. You can't even, well, when you run into somebody and [want to say] 'ah, man I'm pissed off at

> work, blah, blah, blah, blah'. You know, but I can't, that's about as far as I can go with it."

Here Evon alludes to the fact that with MFRs all community members are potential clients and so as the counselor you are responsible to maintain professionalism at all times. Many of the counselors spoke about being a role model for their community and the pressures that placed upon them.

In speaking about working with clients she knows or is related to, Lavonne says she feels more comfortable, however, she also said that,

> "it's more difficult working with them because it's like you know …what's going on, but you can't really say what's going on. You want it to come from the client. You want them to be aware. And so me knowing a lot about their background has really, really, in some ways, has been a hindrance, because you, as you are talking to them I just want to get to the point and that doesn't work well in counseling at all."

For the counselors it was easier to share the positive effects of their MFRs. Theresa states her experience with MFRs succinctly, "for us it's just a normal part of everyday living." Kim describes how she was treated as a leader when she began counseling in her village,

> "like going to my aunt and uncle's place before, you know I'd visit and talk about everyday things. They'd tease me and joke with me. And you know, I notice after I started my position [as counselor] and working with others in the community … they started telling me problems more when I went to visit them. It wasn't just everyday conversation. It was more about like who was bootlegging and how, well, things that they were worried about."

Lavonne says the therapeutic alliance created, "a real positive development, yeah. And they just really, this relative verbalized it one time that, um, she said that it really feels like we've bonded. Whereas before there always seemed to be a distance between us." She goes on to share another positive aspect to having MFRs with the younger generation who, "come to me and kind of confide in me some things, um, you know, they know I

drank at one time but I've been sober like going on 22 years. And so they never really seen that part of me."

Evon shares his experience of positive effects as a result of an MFR with a relative from another village where he provides services:

> "And it never happened before, but one day out of the blue we were sitting there before the funeral and he's offering me dry meat and he's asking me questions and he says this was going wrong, this was the answer, and his mom seemed to believe him, you know, so when I go up [to his village] tomorrow I'm going to check in with them and a family connection has been made because of my job."

Louise shares that her family throughout the village became more supportive because "they knew what kind of job I was taking on."

Healing can happen when there is a strong alliance. Betty and others voiced similar experiences. Betty said:

> "the more honest the relationship, the more therapeutic the relationship becomes. But again, I think you have to be aware that I have a relationship with this person outside of therapy to begin with that's really close, you know. And always reminding myself that ok, when this becomes uncomfortable, let them know, if it's really stressful and the therapy is going well but you're being affected emotionally because of the closeness outside the therapeutic relationship. Then that's when I know I need to call the clinical director and I need to be able to debrief and also get some consultation from him or her. A lot of time, almost after every session to make sure that we're on the right track and that I'm not holding her back or him back by my relationship."

Managing Multi-Faceted Relationships

Counselors manage MFRs for the comfort and protection of their clients and for themselves through setting boundaries. Saying "no" to frequent requests and turning *off* the home telephone are two ways that counselors set boundaries between their work life and home life.

When asked to identify ways in which she manages her MFRs with the entire community, Louise states,

> "When I want time for myself and I go see my aunt, we just sit and tell stories, play cards, have coffee, crochet, and I don't know, just lay around her house. Watch TV. And with my husband we go out in our skiff or out in our boat. And on our four wheeler and go back into the woods, pick berries, get wood or to just go riding."

All of the counselors emphasized the need to spend uninterrupted, quality time with their immediate family. Betty talked about staying at home with her family and keeping the curtains closed and the phone turned off so that the community would know that they were not to be disturbed. "Yeah! (laugh) Otherwise I'll have people calling and I want time with my kids. That's the way I get time with my kids, is, we sit down, we have a good breakfast, we watch cartoons. We just lay around in our pajamas." Throughout rural Alaska it is common knowledge that when window curtains are closed people in the household are communicating that they do not want to be disturbed.

Isolation and grief are a problem for the counselors. Many of the counselors spoke of leaving the village for a vacation or to see a therapist for relief. Betty states,

> "The only way to get out of what you're feeling is to separate physically from the community, for me anyway. And those quarterly meetings come every three months. And you know, it's a time to, the first day of the quarterly meeting you're able to look back at your community and, 'oh this is what's happening. This is where I've been and now I can see where I'm going, you know.' A chance to reenergize."

Mary states, "I'm seeing a therapist once a month or twice or three times a month I see a therapist in order to take care of myself. I need to debrief with a professional." Kim also sought outside help, "I eventually ended up getting counseling for myself." Evon states he likes to travel to manage his internal issues with MFRs. He says, "So I'm going out camping and then I usually try to get out of the state at least once a year."

Lavonne says she needs time with friends and to walk at lunch and try new adventures. She says, "I didn't think I could make it to the top of one of these mountains here and finally I did about a year and a half ago." Betty says, "I like going for walks, but I like it for the enjoyment." Louise talks about berry picking for self-care. She states, "As soon as I was off work, I'd run home and get my bucket and just go out there to be alone. Just because I needed to."

Prayer and time with God was mentioned by most of the counselors. Lavonne talks about how she needs prayer daily, "I have a devotional time everyday, prayer and devotion time everyday. My time with God." Mary talks about prayer but also about healing her own grief. She says, "I pray and quote scriptures as I'm sewing, so that's more healing for me. I do a lot of sewing. That's part of my healing. Every stitch is a healing. My mother sewed a lot and ever since she passed away I been sewing and it's been part of my healing." Louise supports this when she described how she does a lot of meditating for healing. Lavonne stated when she is home alone she will, "read a lot of inspirational material, for instance. And I read, I think, I have every single book of Chicken Soup For the Soul."

The counselors who had been counseling for more than five years were more engaged in self-care and tended to have a healthier view about their work. Betty manages her MFRs thoroughly with great finesse through the course of more than ten years of counseling in her home village:

> "Being aware of the dynamics of the families in the community, I designed the way I do the program [counseling services] here in my village. Where, here [in my office], I'm strictly the counselor. If I'm going for a walk or playing games with friends, uh, I know I'm gonna be a friend first. But sometimes during the course of what we're doing I know I'm gonna have to put the counselor hat back on. So, I expect it. It's more of a 'what do you expect to happen once you go out.' If you expect to go out as a friend and you're not gonna be nothing but a friend, I think all I do is end up being frustrated. Because I can never be only just a friend, um in a small community. That sometime I'm gonna have to put on that counselor

> hat. So I expect, for me, that it's all a matter of expectations. What people expect of me [in my role as counselor]. So if I expect it I know I'm prepared for it. So actually it hasn't been too difficult being able to separate being a friend and a counselor."

The counselors were clear in their descriptions of how they felt reenergized, renewed and more productive in their work when they maintained continual self-care. Lavonne describes how she connects the MFRs and stressors to her personal well-being,

> "Well, what has happened as a result, because I take care of myself more, I feel like what I give is more productive and more effective. Whereas before it was more of a chore to do. And I have what I guess what you could say is what I call is a more positive energy now. When we work with people they pick up on that positive or negative energy."

For each counselor they described that as each relationship continues to develop over time they need continual self-care to maintain the integrity of the therapeutic alliance and the multi-faceted relationships. Martha states it another way,

> "You know the number one thing I do? Is that, I work on myself. I'm always, I'm always working on myself in order to help others I need to work on myself. Of course my needs are met first. In order for me to help others, in order for me to be strong I need to keep taking care of myself."

While most of the management techniques assist the counselor in maintaining their balance there were a few examples where the counselors worked with the community to maintain confidentiality. For example, Betty states, "the town is so small, everybody seeing them come into my office, anyway. So everybody knows that they're being seen and so I always tell them, you know, what's more important is what's said inside the office stays inside the office."

In summary I have revealed how the counselors have layers upon layers of relationships with all community members. These MFRs have various problematic and positive stressors, which can be managed through continual self-care, which provides internal reflection and holistic balance for continuing their work within the community.

Discussion

In this section I will provide connections between themes that emerged from the data in light of current literature. I will review the overall significance of these findings, examine the limitations of this study and offer recommendations for future studies in this area.

Existence of Multi-Faceted Relationships

All of the counselors interviewed reported having multi-faceted relationships with their clients. As children, many of the counselors assisted at least one of their parents in providing traditional healing. For the rural counselors, "helping relationships" and their role as the professional counselor are one in the same. The differentiation exists in paperwork they are required to complete for their employer (Droby, 2000; Duran & Duran, 1995). The counselors described how they were always in the role of the counselor, whether they were at the office as a paid employee or at home with their family.

Each counselor admitted that they were aware of the codes of ethics that suggest avoidance of dual relationships (NAADAC, 2003). However, the APA does not view multiple relationships as being unethical as long as the client is protected from exploitation or harm (APA, 2002). The Alaska Native rural counselor finds that their supervisors are required to follow Western ethics that they learned in graduate school, as such, tended to promote the idea that dual relationships are ethically problematic without examining whether these ethics fit the cultural context of their lives (Droby, 2000; Duran & Duran, 1995). A couple of the counselors spoke of carrying out their job duties from within their community while trying to educate their supervisors as to the conflict with culturally irrelevant ethical codes. However, the majority of the counselors tended to avoid discussion of Western ethics that did not fit within the context of their lives.

The counselors stated that they had MFRs with their clients but found it difficult to distinguish the many ways in which they knew or interacted with them as community members prior to, during and following the therapeutic alliance. This means that they would encounter relationships throughout the community in all contexts in which

community members would interact or gather. So the counselor would see all his/her clients at community potlatches, dances, funerals, school events, and traditional subsistence activities. Additionally, counselors see their clients on a daily basis at the local store, city hall, community building, clinic, post office, next door neighbors, in steam bath, coworkers in the office down the hall and in passing while walking through the village. As such, relationships develop according to the purpose of the activity and level of involvement that the counselor and client are involved. Finally, it is important to note that the counselors were born and reared in their community therefore and are related to nearly all community members, either through blood, kinship or marital ties. Mary stated that she regularly tells clients, that she counsels in her village and other villages, that she will always be there for them. She explains that she will always be connected through familial ties and as a personal friend. Alberts (1982) states that he came to learn that caring for one another in the traditional native way is central to healing.

Positive and Problematic Stressors Identified

The counselors identified positive and problematic stressors. The positive stressors were associated with gaining respect from community members and being expected to take on more responsibilities, as such they became a powerful role model. The consequences of maintaining the role as professional counselor in every interaction with all community members is an increased sense of personal responsibility for healing all community members. Community members and other leaders, for example, sought out the counselor for consultation and collaboration for community-wide issues such as public drunkenness, bootlegging and suicide prevention.

The problematic stressors tended to be situations where counselors were socially ostracized by community members or felt involuntarily isolated and lonely due to their primary role as counselor. Grace, for example, jokingly stated how she felt she had the "ultimate bad breath" at barbeques as some clients and community members avoided social conversation. The MFRs created a social context in which the counselors feel care and concern for their clients on many levels. When sexual abuse is reported or a person

attempts suicide the counselor experiences the impact of these issues at levels equaling the depth of the MFRs. As a result, counselors cited feelings of grief and sadness associated with lack of support from their community members or frustration due to the intensity of the counseling issues they encountered on a daily basis. Alcoholism and mental illness affects everyone in a village to the degree that each person is connected to one another. When a community tragedy occurs a counselor may work with the majority of the community throughout their daily interactions and will inevitably experience their own grief reaction to the loss, as feel the loss personally, and as they witness the effects of the loss in others.

Evon, for example, spoke of being "miserably lonely" due to the lack of professional support during a community tragedy. He found himself internally suppressing his stressors until he could speak with his supervisor because he felt it inappropriate to complain about his stressors to community members who are clients or potential clients. It through the clear identification of stressors that counselors felt led to search for relief through the primary management tool of self-care.

Managing Stressors Through Self Care

Counselors stated that they must manage stressors associated with how they experience MFRs through continuous efforts at managing their own internal and external well-being. This is a continuous, cyclic balance in which the counselor takes the ultimate responsibility for the therapeutic alliance. Bruch (1974) states that the therapeutic alliance is the primary predicting factor in determining outcome in therapy. Counselors spoke of their need to talk or debrief and found most relief in meeting with their supervisors and peers during quarterly trainings/meetings.

Counselors learned to set limits with the community on a daily basis. Some examples were screening calls at home, making specific time for family and taking time to get away from the village. Barnett and Sarnel (2003) agree that when we set reasonable limits and have realistic expectations for ourselves in our work, we can enjoy the other parts of our life. Counselors found enjoyment in other parts of their lives when utilizing self-care techniques on a regular basis. Catalano (1997) agrees as he found that it was

challenging to live and work in a small community, but found that there are ways to manage the dual relationships in such a way that the counselor could live a balanced life. As the counselors utilized self-care, they continually found that they were more productive in their work and less isolated from their community.

Barrnett and Sarnel (2003) state that making time for yourself and avoiding isolation are necessary in maintaining self-care. Meditation, prayer, picking berries, going on walks with friends, and attend to spiritual needs were techniques most often cited by the counselors. Betty, for example, found she needed to get away from the village in order to reflect on where the community was at and see where she was and felt reenergized doing so. Isolated remote villages in rural Alaska create a setting where counselors must find coping strategies that not only sustain them but continue to promote healing within the culture. As a role model counselors viewed their well-being as important to promoting healing as provision of counseling services.

Summary

Each counselor spoke at length about various self-care techniques to manage MFRs. Maintaining self-care allowed counselors to be more emotionally available to serve their community. The results of self-care were powerful for the counselor and client, such as having a higher quality of relationships within the community. Counselors described that as they became more accepted as the counselor, the community as a whole came to hold them in higher regard. They stated that as a result of increased respect elders and other leaders in the community sought them out for consultation regarding community social and health concerns. Zur (2000a) supports that dual relationships enhance the effectiveness of a counselor as he or she is held accountable by the community.

Self-care resulted in a renewed dedication to working with clients that in turn created a healthier connection. By finding a balance between counseling and self-care, counselors can live a healthier lifestyle, and minimize distress and burnout through their acknowledgment that stressors are a part of their lives (Barnett and Sarnel, 2003).

Significance of This Study

Through the gathering of specific experiences of Alaska Native counselors this is a study that offers a unique view of rural counseling in Alaska and normalizes the MFR experiences that novice rural counselors will inevitably have. For the counseling field this study offers a look at counseling from a context that differs from the Western medical model. This is the first study I am aware of that contributes to the significance of self-care for managing stressors associated with counseling in rural Alaska. The empirical data derived from the interview subject--Alaska Native counselors--is culturally relevant within the rural and Alaska Native context.

In methods and findings, this study supports the concept that ethics are relative to the people and the culture in which they live. Through acknowledgement of the existence of multi-faceted relationships, rural counselors can begin to more openly discuss various stress management techniques and find support in regulating the MFR boundaries. Alaska Native counselors need not avoid the discussion of dual relationships due to fear of Western ethics violations. The traditional knowledge each counselor shared is validated in this study as a valuable complex knowledge set that promotes self-determination. Each rural counselor has local knowledge based on values and experiences specific to his or her personal life, community and region. Rural counselors are mastering Western skill sets and adapting these to fit traditional Alaska Native healing models of treatment.

Limitations To This Study

This study has provided a fresh view of the experience of dual or multi-faceted relationships from the perspective of six rural counselors and three supervisors. The results reveal the experiences and reflections of those six counselors and their supervisors, however, it is, not a representative sample of all Alaska Native rural counselors. The criteria used in selecting the counselors for this study was also a limitation as all of the counselors had to be in a paid, professional position for at least four years and a participant/graduate of the Rural Human Services Program. This sample thus provides an in-depth look at these individuals, but not the wider range of rural counselor experiences. Of the nine counselors that I interviewed, all had counseled at

least four years, and therefore met the selection criteria, but half of the counselors had counseled more than fifteen years. The results of this study are highly influenced by those with more experience. Had I interviewed only novice counselors my results may have been quite different.

I was able to recruit counselors, but some of their supervisors declined participation in the study. There were supervisors who wanted to participate but the counselors they supervise declined. Those who chose to participate in this study saw a value in doing so. All of the counselors were excited to share their experiences in counseling which influences the results of this study.

All the interviews with the counselors took place over the phone due to the financial and time constraints of traveling to nine villages in five different regions of Alaska. Interviews conducted over the phone may be qualitatively different from an interview that is done in person. For example, interviews conducted over the phone do not allow the interviewer the ability to read body language or to notice non-verbal clues.

Furthermore, with the exception of one participant I had my own multi-faceted relationships with the participants as some were past co-workers and others were instructors in classes I have taken. Also, I completed the Rural Human Services program alongside many of these counselors. I was an instructor for an RHS class in which some of the counselors were my students. Many of the counselors and supervisors that I interviewed are personal friends. My own perceptions of rural counseling and rural ethics were already known by the participants and may have influenced their own perceptions of both. Certainly all the participants knew of my interest and experience in rural counseling. I have had difficulty, at times, in maintaining objectivity as interpreter and reporter of the counselors' experiences and stories. Rapport and trust were already established since I had pre-existing relationships with the counselors. The study was strengthened significantly as the counselors expressed that some of the information shared was not told to their supervisors.

The content and results of these interviews have been influenced by my own experience as a rural counselor in Bristol Bay region. I utilized processes designed to

minimize these factors. Specifically, I enhanced internal validity through developing the definitions of concepts and the coding process with the aid of an American Indian and an Alaska Native clinical therapist. I was careful in formulating the questions asked in the interviews, as I utilized open-ended questions designed to illicit experiential responses, unique to the participant. I transcribed the interviews verbatim. I have learned more about multi-faceted relationships as a result of this study and reported my findings as objectively as I am able.

Directions for Future Research

Future research should explore the context of the multi-faceted relationships experienced by rural counselors. I would like to examine the complex, rich layers of the MFRs between the counselor and his/her community from the perspective of a case study or life history where the intricate matrices that exist could be thoroughly examined.

Another area for future research should focus on when and where rural counselors provide services. Interestingly, most preferred the office for the boundaries it provides for the client/counselor relationship. All of the counselors discussed higher effectiveness when they counseled in natural surroundings such as steam bath, berry picking or while fishing. It is an important area for further study, as assisting people in their healing is our primary function as a counselor.

Further investigation is needed in examining how counselors are attracted to this field. All of the counselors stated that they believed that this is a calling, not a career choice. More than half of the counselors spoke of the influence of a parent or grandparent who was a healer or helper in their community. Often as children they were taken along to visit the homes of people who needed assistance of some kind or another. A case study or life history could truly reveal the nature of the traditional healer in rural Alaska.

Finally, the literature articulates a need for examining how counselors in the rural United States manage dual relationships, which often affects the quality of the therapeutic alliance. However, the current trend in the literature does not suggest how the quality of the therapeutic alliance would affect dual or multi-faceted relationships. This is a new area of study, yet to be fully examined. Each counselor alluded to the positive effect they

experienced with their community members following the closure of the therapeutic alliance. For example, Betty stated that her relationships with family and community members became stronger as a result.

Conclusion

Overall, I found that of the nine counselors interviewed, all experienced and maintained layers of relationships outside the therapeutic alliance. Each counselor describes management of these relationships through self-care. Although they found MFRs with clients can be problematic, all the counselors had positive examples and stories to share. It should be noted that these counselors presented as dedicated, committed professionals (Droby, 2000) who offer a type of counseling service that very few Western practitioners will ever witness, much less experience.

The counselors did not think about their MFRs in the same way counselors and therapists from mainstream Western culture might view them. For these counselors, MFRs are an accepted part of daily life. Most Euro-American mental health professionals will never know the experience of counseling only their family and friends in the hometown where they were born and raised. However, for those counselors who live and practice in rural America this study should offer encouraging strategies for managing MFRs. Catalano (1997), validates the experiences described by rural Alaska Native counselors when he said that the challenge lies in balancing the responsibilities of being a professional while creating a fulfilling personal life in a small community.

The traditional knowledge each counselor shared with me is a resource for future rural professionals. Additionally, the results could be used to develop questions and stimulate future research in the area of rural counseling and multi-faceted relationships. In a final note Lavonne describes her impression of counseling community members:

> "I think that if we could look at just being human beings, in need of encouragement, and support and care, we can help anybody whether they're related to us or not related to us. And probably the two key ingredients are how well we are taking care of ourselves and what kind of listener we are to them."

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Appendix A
Letter to participants

Dear _____,

Hi! I am happy to write to all of you again and hope that all is well with you and your family. The last time I wrote, Karen Stickman and I were getting PARCA off the ground. Well, we have members and presently Eva LeVeque is heading up the committee. Today I am writing for a different reason though. You might remember that I am living in Fairbanks and going to school. I am working on my Master s degree in Community Psychology and am now beginning my thesis.

My thesis is a research project that is focusing on counseling in rural Alaska. I am looking for people to participate in my research who graduated from RHS, have counseled for at least four years and who live in a village where they are related to the clients that they counsel.

I want to hear your stories about ways that you have been able to counsel your friends, family and co-workers. I want to put the stories together for training material for RHS. By participating in this study you may be able to assist with the instruction of new counselors in how they handle multiple relationships they have with their clients.

Your voluntary participation involves one initial interview and may require two more follow up interviews. Each interview will last about 1 hour. All interviews will happen over the phone unless I can meet with you while you're in Fairbanks or Anchorage. I will pay for all the long distance phone calls and any mailing or faxing. If you decide to participate, you can quit at any time. I will make every effort to keep all materials confidential and only I will know the names of the counselors who are a part of my study.

I hope to find six counselors who want to do this study with me. I am hoping that three of the counselors that I interview will help me to recruit their supervisor. I think that everyone has interesting and helpful stories to share. If this sounds like something you would like to do or if you have questions, please call me collect at _____.

Your Friend,

Lara Hensley

Appendix B

Protocol for Counselor/Supervisor

Introduction and consent forms
Discussion of recruitment criteria for client
Chat and build rapport

Questions and Topics:

- Tell me about your job as the village counselor. (responsibilities)
- Describe what counseling is for you and for your clients? (What, where, how often)
- Are all of your clients related to you? If not how did you know them before you were hired as the village counselor?
- Have you ever had a client that you didn't know before you counseled them?
- Have your relationships with family and friends changed since you became a counselor? Can you tell me a story about this?
- Have you ever had to counsel someone in your immediate family? Can you tell me a story (without breaking confidentiality)?
- How do these relationships and the counseling affect you personally?
- Have you discussed this with your supervisor? If so, what was his/her response?
-
- Have you ever discussed this with your clients and family?

Appendix C

Consent Form

This study focuses on the nature of dual relationships between counselors, supervisors and clients in rural Alaska.

Your signature below indicates that you have decided to participate in this study and that you have read and understood the information provided in this consent form. If you decide to participate, you are free to withdraw consent and discontinue participation at any time. A copy of this consent form will be provided for you.

You are one of twelve participants invited to participate in a study in which dual relationships between counselors and their clients and supervisors in rural Alaska will be examined.

Your voluntary participation in this study involves one initial interview and may include two follow up interviews. Interviews will last about 1 hour. The follow up interviews will involve reading notes from the previous interview and giving your feedback and interpretations.

All interviews will happen over the telephone. If you are going to be in Fairbanks and would like to meet with me in person for an interview, this can be arranged.

The information you provide will be kept under the strictest confidence at all times. In a study of this nature, the confidentiality of participants is a priority. The following steps will be taken.

1. All interviews will take place on the telephone or in a safe space that you approve of.
2. No names or identifying particulars of the participants will be disclosed.
3. Every step will be taken to adequately disguise the participants' identity and village in any published materials or presentations, such as the vignettes or short stories.
4. The field notes will remain in the direct possession of the researcher. All audiotapes and consent forms will be kept in secure separate locations.
5. Limitations of Confidentiality: the researcher will report any and all disclosures of child or elder abuse, suicidal ideation, homicidal ideation to the appropriate authorities. Should homicidal ideation be expressed the researcher/clinician has the "duty to warn" the potential victim.

Possible physical or emotional risk factors from your participation in this study are no greater than normal daily activity. The benefits of this study are that you may assist with the instruction of rural counselors in managing dual relationships. The vignettes or short

stories obtained from the interviews will be offered to the Rural Human Services Program as training material on the subject of dual relationships. Following the acceptance of the thesis, you will receive a copy at the expense of the researcher.

The researcher will respect the local cultural traditions, languages and values. She will incorporate, where practical, the use of local and traditional knowledge and experience including when possible the lanuages of the local people.

The researcher in this study is Lara Hensley, a graduate student in Community Psychology program. This research is being undertaken in order to fulfill the thesis requirements for a Masters of Arts degree in Community Psychology. The supervising professor is Dr. Kelly Hazel. If you have any questions that we have not answered in person you may contact Lara Hensley at 458-0697 or Dr. Kelly Hazel at 474-6961.

This project has been reviewed and approved by the University of Alaska Fairbanks Institutional Review Board. If you have any questions regarding your participation in this research, you may contact Dr. Charles Geist, Chair, Institutional Review Board, Office of Arctic Research at 474-7792.

Thank you for participating in this study.

Name of participant_____Date_____

Signature of Participant_____Date_____

Signature of Researcher _____Date_____